

### Accounting Summary # 3 – For Large Estates and Trusts

9. **Estate Information** [This form of accounting insert is to be completed by professional guardians of the estate; trustees; and by others if the estate exceeds \$60,000 in beginning value.]

A. **Total Market Value as of the beginning of review period, (date:)** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Income Received from All Sources (do not include new assets purchased)**

**Wages & Benefits**

Wages	\$	_____	
Social Security	\$	_____	
Retirement Benefit	\$	_____	
Disability	\$	_____	
Health Insurance Benefit	\$	_____	
Other (Specify): _____	\$	_____	\$ _____

**Interest and Dividends**

List account and amount received:

_____	\$	_____	
_____	\$	_____	
_____	\$	_____	\$ _____

**Other Receipts**

List source and amount received:

_____	\$	_____	
_____	\$	_____	
_____	\$	_____	\$ _____

B. **Total Income:** \$ \_\_\_\_\_

**Disbursements and Outgoing Payments**

**Personal Living Expenses**

Housing/Facility/Rent	\$	_____	
Companion/Attendant Care	\$	_____	
Food and Groceries	\$	_____	
Incidentals/Clothing	\$	_____	
Utilities	\$	_____	
Phone/Cable	\$	_____	
Insurance	\$	_____	
Personal Allowance	\$	_____	
Auto and Transportation	\$	_____	
Other: _____	\$	_____	\$ _____

**Healthcare Expenses**

Medical/Dental	\$	_____	
Pharmaceutical	\$	_____	
Medical Transportation	\$	_____	
Health Insurance Premiums	\$	_____	
Outside Case Management Fees	\$	_____	
Other: _____	\$	_____	\$ _____

**Guardian and Trustee Fees**

Guardian Fees	\$ _____	
Trustee Fees	\$ _____	\$ _____

**Professional Fees Paid to Others**

Guardian ad Litem Fee	\$ _____	
Attorney Fees: for Guardian	\$ _____	
Attorney Fees: for _____	\$ _____	
Asset Management Fees	\$ _____	
Bond Premium	\$ _____	
Medical Claims Assistance	\$ _____	
Accountant/Tax Preparation Fees	\$ _____	
Other: _____	\$ _____	\$ _____

**Real Property Expenses: Residence**

Maintenance & Repair	\$ _____	
Homeowner/Co-op Dues	\$ _____	
Property Taxes	\$ _____	
Mortgage	\$ _____	
Insurance	\$ _____	
Other: _____	\$ _____	\$ _____

<b>Investment Property Expenses</b>	\$ _____	\$ _____
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**Other Expenses**

Employment Tax	\$ _____	
Income Tax Pmts	\$ _____	
Costs Advanced	\$ _____	
Bank/Service Fees	\$ _____	
Other: _____	\$ _____	\$ _____

<b>C. Total Disbursements:</b>	\$ _____
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**Adjustments to Market Value of Estate****Addition of Assets/(Liabilities) Not Previously Reported***[Do not use this section for assets purchased]*

_____	\$ _____
_____	\$ _____

**Deletion or Reduction in Value (Assets)/Liabilities**

Listed on previous accounting

_____	\$ _____
_____	\$ _____

<b>Gifts Received/(Made)</b>	<b>Date of court order authorizing</b>
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_____	_____	\$ _____
_____	_____	\$ _____

**Net Gains/(Losses) from Sales of Assets**

_____	\$ _____
_____	\$ _____

**Unrealized Gains/(Losses)**

Increase/(decrease) in unrealized gain on securities	\$ _____
Increase/(decrease) in market value of real property	\$ _____
Increase/(decrease) in market value of personal property	\$ _____

*Other Adjustments* (Specify)

\$ \_\_\_\_\_

**D. Total Adjustments to Market Value of Estate:**

\$ \_\_\_\_\_

**E. Ending Balance at Market Value, as of (date:) \_\_\_\_/\_\_\_\_/\_\_\_\_**  
[A+B-C+D]

\$ \_\_\_\_\_

**10. Balance Sheet for the Guardianship/Trust Estate**

**ASSETS**

<u>Description</u>	<u>Cost Basis at</u> <u>End of Accounting:</u>	<u>Market Value on</u> <u>Start of Accounting:</u>	<u>Market Value at</u> <u>End of</u>
<b>Accounting:</b>	Date: _____	Date: _____	Date: _____
<b>Real Property</b>			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Receivables</b> (Mortgages, Liens, Notes payable <i>to</i> the Incapacitated Person, the Estate, or Trust)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Blocked Liquid Assets</b> (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in Court Blocked Accounts)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Unblocked Liquid Assets</b> (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Personal and Other Property</b> (Household Goods, Vehicles, Burial Plots, Funeral Plans, Life Insurance)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS:</b>	\$ _____	\$ _____	\$ _____

**LIABILITIES**

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES:</b>	\$ _____	\$ _____	\$ _____

**11. NET TOTAL ESTATE:**

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_  
**at Cost Basis,**      **at Market Value,**      **at Market**

**Value,**

**Ending Amount**

**Beginning Amount**  
[should match 9.A,

**Ending Amount**  
[should match

9.E,

Balance from End of  
Last Review Period]

Ending Balance  
at Market Value]

**12. Approximate Rate of Return:** [See attached worksheet with guidelines. Guardians and Trustees may include a time-weighted rate of return calculation in addition to the rate of return formula below.] \_\_\_\_\_%  

$$\frac{(\text{Interest} + \text{dividends} + \text{gain or loss in equity})}{\text{Beginning market value}} \times 100 =$$

**13. Fees for Managing Assets as Percentage of Market Value of Estate:** \_\_\_\_\_%  

$$\frac{(\text{Guardianship/trust fees incurred in managing assets for the entire review period})}{(\text{Average of Total Beginning Market Value and Total Ending Market Value})} \times 100 =$$

**14. Fees for Managing Care of the Person as Percentage of Market Value of Estate:** \_\_\_\_\_%  

$$\frac{(\text{Guardianship/trust fees incurred in managing care of the person for the entire review period})}{(\text{Average of Total Beginning Market Value and Total Ending Market Value})} \times 100 =$$

**15. Proposed Budget:** [ ] The Guardian of the Estate/Trustee seeks authority to make expenditures for the incapacitated person or beneficiary according to the proposed budget attached.

**16. Investment Plan:** [ ] The investment plan of the Guardian of the Estate/Trustee is attached to this report.

### Approximate Rate of Return Calculation Worksheet

- A. **Beginning Balance** \$ \_\_\_\_\_
- B. Interest Received \$ \_\_\_\_\_
- C. Dividends Received \$ \_\_\_\_\_
- D. Net Gain/Loss in Equity\* \$ \_\_\_\_\_
- E. Change in Value of Investments for Period (B+C+D) \$ \_\_\_\_\_
- F. Change in Value (E) divided by Beginning Balance (A) [E/A] \$ \_\_\_\_\_
- G. (F) \_\_\_\_\_ X 100 =

**APPROXIMATE RATE OF RETURN:**   %

[Put the percentage return figure into the blank on #12 of Professional Accounting Form.]

H. List and explain any significant inflows or outflows which would affect the approximate rate of return calculation – put date, description, and amount:

	<u>Date</u>	<u>Description</u>	<u>Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

5. \_\_\_\_\_

\*Item D is calculated as follows: + realized gains – realized losses + unrealized gains – unrealized losses for this accounting period. This figure does not include other inflows, such as gifts received or additional assets into estate.

**Definitions:**

**Realized Gain (or loss)** is the difference between the net proceeds resulting from the sale of an asset and the original cost of acquisition.

**Unrealized Gain (or loss)** is the increase or decrease in the market value of an asset that is currently held compared with the original cost of acquisition (basis).